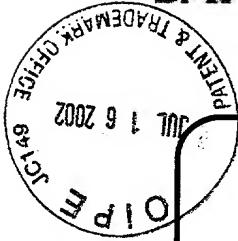


**BAKER BOTTS LLP**

Please type a plus sign (+) inside this box → **+**



#3 MP

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/075,028
		Filing Date	02/12/2002
		First Named Inventor	Mitchell
		Group Art Unit	1642
		Examiner Name	To be assigned
Total Number of Pages in This Submission		Attorney Docket Number	A34759 069906.0102

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Executed Combined Declaration and Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112		
Signature	<i>Carmella L. Stephens</i>		
	Att Name:	Carmella L. Stephens	
	PTO Reg:	41,328	
Date	July 10, 2002		

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **July 10, 2002**

Typed or printed name	Carmella L. Stephens		
Signature	<i>Carmella L. Stephens</i>	Date	July 10, 2002



#3

BAKER BOTTS LLP

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 120)

## Complete if Known

Application Number	10/075,028
Filing Date	02/12/2002
First Named Inventor	Mitchell
Examiner Name	To be assigned
Group Art Unit	1642
Attorney Docket No.	A34759 069906.0102

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-4377**Deposit Account Name **Baker Botts LLP** Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

 Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	20 ** = 0	x 0 = 0	0
Independent Claims	3 ** = 0	x 0 = 0	0
Multiple Dependent			

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	65
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	55
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

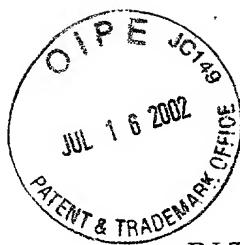
Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 120)

SUBMITTED BY	Complete if applicable		
Name (Print/Type)	Carmella L. Stephens	Registration No. (Attorney/Agent)	41,328
Signature	<i>Carmella L. Stephens</i>	Telephone	(212) 408-2539
		Date	July 10, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



A34759 069906.0102

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Mitchell et al.

Serial No. : 10/075,028 Examiner : To be assigned

Filed : February 12, 2002 Group Art Unit: 1642

For : METHODS AND COMPOSITIONS FOR USE IN SPLICEOSOME  
MEDIATED RNA TRANS-SPlicing

RESPONSE TO NOTICE TO FILE MISSING PARTS

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

July 10, 2002

Date of Deposit

Carmella L. Stephens

Attorney Name

41,328

PTO Registration No

Carmella L. Stephens

Signature

July 10, 2002

Date of Signature

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

In response to the Notice to File Missing Parts dated April 10, 2002, please find enclosed:

- (i) a Combined Declaration and Power of Attorney, executed by the Applicants; and
- (ii) substitute drawings, in compliance with 37 CFR 1.84(g); and

(iii) a check in the amount of \$120 (comprised of \$65 declaration surcharge and \$55 extension of time fee). The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication to Deposit Account No. 02-4377. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

*Rochelle K. Seide*  
Rochelle K. Seide  
PTO Registration No. 32,300

Carmella L. Stephens  
PTO Registration No. 41,328

Attorneys for Applicant

BAKER BOTTS, L.L.P.  
30 Rockefeller Plaza  
New York, NY 10112  
(212) 408-2539